

POST SLIP STAPLE AREA (for additional references)

2

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	MA	70591	10/20
O.I.P.E. CLASSIFIER			10/23/99
FORMALITY REVIEW		102008	11-3-99

# INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral) Canceled A ..... Appeal  
 + ..... Restricted O ..... Objected

BEST AVAILABLE COPY

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If more than 150 claims or 10 actions  
 staple additional sheet here

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